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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below. NEW YORK, NY 10151 Gordon Kessler, Beg No 38,51Depositor's name (Signature) ı∕st 29. 2003 (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/902.225 07/10/2001 Michael Conor Minogue 7594 TITLE OF INVENTION: ELECTROTHERAPHY DEVICE AND METHOD APPLN. TYPE SMALL ENTITY PUBLICATION FEE ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$650 \$300 \$950 09/17/2003 EXAMINER ART UNIT CLASS-SUBCLASS BOCKELMAN, MARK 3762 607-048000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) FROMMER, LAWRENCE & the names of up to 3 registered patent attorneys HAUG LLP or agents OR, alternatively, (2) the name of a ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. GORDON M. KESSLER single firm (having as a member a registered attorney or agent) and the names of up to 2 ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE BIO-MEDICAL RESEARCH LTD. GALWAY, IRELAND Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A A check in the amount of the fee(s) is enclosed. Issue Fee X Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached. The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0320 (enclose an extra copy of this form). ☐ Advance Order - # of Copies Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. 08/29/03

(Authorized Signature) GORDON M. KESSLER, REG! NO. 38,511

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